

# Exhibit 1

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM											
	1. 44-53-230 POSSESSION OF SCHEDULE III 35A DRUG/NARCOTIC VIOLATIONS				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DEPARTMENT/DISCOUNT STORE		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.											
	2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO														
	3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO														
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE												
							29212-	NONE												
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.											
02/28/2015		20:42		02/28/2015	20:43	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME											
						02/28/2015	20:44	20:45	22:00											
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE								
				#1 ST #2 #3		J	W	M	27 /	N										
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.												
#1 JUSTICE SQ				COLUMBIA		SC	29201-	212												
VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE							
	CITY OF COLUMBIA				#1 ST #2 #3		J			/										
	HEIGHT				WEIGHT				HAIR				EYES				FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.											
#1 JUSTICE SQ				COLUMBIA		SC	29201-	212												
VIOLENCE INJURY (MCT.1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VIOLENCE INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																				
VICTIM (NO.1) USING: ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:																				
TWO MAN VEH <input type="checkbox"/> ONE MAN VEH <input type="checkbox"/> DETECTIVE PLASMIT <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> *J-This Jurisdiction. S-State. O-Out of State. U-Unknown.																				
SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES						
	<input type="checkbox"/> RUNAWAY	ROOF, DYLANN, STORM				W	M	20 /	N	04/03/1994	509	120	BRO	BRO						
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S)				DAYTIME PHONE		EVENING PHONE								
	<input checked="" type="checkbox"/> WARRANT	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.										
	<input checked="" type="checkbox"/> ARREST	10428 GARNERS FERRY RD				EASTOVER		SC	29044-	299										
	<input checked="" type="checkbox"/> JAIL	SUBJECT (NO.1) USING: ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> TYPE				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST										
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> TYPE				TOTAL # ARRESTED		02/28/2015 20:45:00		1											
NARRATIVE	DAY OF THE WEEK		HOW REPORTED		A= OFFICER DISPATCHED ON CALL B= REPORT TAKEN BY PHONE C= COMPLAINANT WALKED IN		D= COMPLAINT WRITTEN IN E= OFFICER INITIATED F= OTHER		DIFF. FACTOR		A= RESISTANCE/HOSTILITY B= WEAPONS C= UNFOUNDED CALLS D= MENTAL SUBJECT		E= COMPLAINANT FRE- QUENTLY INTOXICATED F= DOMESTIC N= NORMAL							
	S M T W T F S UNK		A B C D E F						N											
	1 2 3 4 5 6 7 8																			
I WAS ON DIRECT PATROL ON THE ABOVE LISTED DATE AND TIME AT THE COLUMBIANA MALL WHEN I RECEIVED A COMPLAINT FROM MALL SECURITY STATING THAT A WHITE MALE WEARING ALL BLACK WAS GOING INTO THE "SHOE DEPARTMENT" STORE AND "BATH AND BODY WORKS" AND ASKING THE EMPLOYEES OUT OF THE ORDINARY QUESTIONS. THE MALL SECURITY GUARD STATED THAT THE EMPLOYEES WERE STATING THAT THE SUBJECT WAS ASKING THEM HOW MANY ASSOCIATES WERE WORKING, WHAT TIME THEY CLOSED, AND WHAT TIME THEY LEAVE. MALL SECURITY THEN POINTED OUT THE SUBJECT AT WHICH TIME I MADE CONSENSUAL CONTACT WITH HIM. UPON MAKING CONTACT WITH THE SUBJECT I CONFIRMED THAT HIS NAME WAS DYLANN S. ROOF, DOB: [REDACTED] UPON TALKING WITH MR DYLANN I ASKED HIM WHY HE WAS ASKING THE EMPLOYEES OF THE BUSINESSES THOSE QUESTIONS. MR. DYLANN THEN BEGAN																				
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY														
PROPERTY EST.	TYPE (GROUP)									TOTAL VALUE										
	STOLEN																			
	DAMAGED																			
	BURNED																			
	RECOVERED																			
SEIZED																				
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		S. F.		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER									
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CJ		<input type="checkbox"/> UNFOUNDED													
	REASON FOR EXCEPTIONAL CLEARANCE: 1 OFFENDER DEATH 2 NO PROSECUTION 3 EXTRADITION DENIED 4 VICTIM DECLINES COOPERATION 5 JUVENILE NO CUSTODY																			
	REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER		DATE		UNIT NUMBER									
FITZGERALD BRANDON M		02/28/2015 22:34:37		22847		REASE ARTHUR E		03/01/2015 04:17:54		15311										
FOLLOWUP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				OFFICER																

## ADDITIONAL NARRATIVE

Agency Name: City of Columbia Police Department	ORI #: SC0400100	Report Date/Time: 02/28/2015 20:42	OCA #: 150005592
--	---------------------	---------------------------------------	---------------------

SPEAKING VERY NERVOUSLY AND STATED THAT HIS PARENTS WERE PRESSURING HIM TO GET A JOB. I THEN ASKED MR. DYLANN IF HE ASKED FOR AN APPLICATION FROM ANY OF THE STORES AND HE STATED THAT HE DID NOT. I AGAIN OBSERVED THAT MR DYLANN WAS BECOMING MORE NERVOUS ACTING AND TAKING MORE TIME TO THINK OF ANSWERS TO MY QUESTIONS. I THEN ASKED MR. DYLANN IF HE HAD ANYTHING ILLEGAL ON HIS PERSON THAT I NEEDED TO KNOW ABOUT AND HE STATED THAT HE DID NOT. I THEN RECEIVED CONSENT TO SEARCH HIS PERSON AT WHICH TIME I LOCATED A SMALL UNLABELED WHITE BOTTLE CONTAINING MULTIPLE ORANGE IN COLOR SQUARE STRIPS LOCATED IN MR. DYLANN'S RIGHT JACKET POCKET. I THEN ASKED MR. DYLANN WHAT THE ORANGE STRIPS WERE AND HE STATED THEY WERE LISTERINE STRIPS. I AGAIN ASKED HIM WHAT THEY WERE AND HE STATED THAT THEY WERE SUBOXONE. I THEN ASKED MR. DYLANN IF HE HAD A PRESCRIPTION FOR THEM AND HE STATED THAT HE DID NOT. I THEN CONFIRMED THROUGH POISON CONTROL THAT SUBOXONE IS A SCHEDULE III NARCOTIC. I THEN PLACED MR DYLANN UNDER ARREST FOR POSSESSION OF SCHEDULE III. POST MIRANDA MR. DYLANN STATED THAT THE STRIPS WERE SUBOXONE AND THAT HE RECEIVED THEM FROM A FRIEND. DUE TO MR. DYLANN BEING ARRESTED I HAD HIS 2000 HYUNDAI ELANTRA [REDACTED] TOWED BY ST ANDREWS TOWING AND I NOTIFIED THE OWNER BY MAIL. I HAD ALL EVIDENCE TAGGED INTO THE PROPERTY ROOM.